

Government of the District of Columbia
Department of Insurance Securities and Banking



Risk Purchasing Group

Registration Instructions

Complete and return the registration application form with the required attachments. For an initial registration to be complete, all of the required information must be included. An incomplete or incorrect application will result in the return of your application and possible denial.

Refer to **Title 31, Chapter 4107 of the District of Columbia Code** "Notice and Registration Requirements of Purchasing Group." You can access DC laws at www.dccouncil.washington.dc.us.

If you have any questions, contact Willie Hicks or LuCynthia Jordan:
Department of Insurance, Securities and Banking
810 First Street, NE Suite 701
Washington, DC 20002
(202) 442-7814 or willie.hicks@dc.gov
(202) 442-7813 or lucynthia.jordan@dc.gov
Fax number: (202) 354-1084

Each application for an original registration as a Risk Purchasing Group shall be made on the attached form entitled "Application for Risk Purchasing Group."

The License fee for a Risk Purchasing Group is \$250.00 and may be renewed annually as of the 1st day of May upon payment of a renewal fee of \$250.00. Make check payable to the DC Treasurer and send to the above address.

**DC Department of Insurance, Securities and Banking
Consumer and Professional Services Division
Professional Services Branch**

1. Name of the Purchasing Group:

2. List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other state:

3. a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:

b) Purpose(s) of organization:

4. a) The Purchasing Group is domiciled in the state of:

- b) Address: .

5. Physical address of the administrative offices of the Purchasing Group, if different from response to Item #4b above:

6. The Purchasing Group intends to purchase the following classifications of liability insurance and/or sub-classifications thereof:

7. The Purchasing Group intends to purchase the liability insurance described in Item #6 above from the following insurance company or companies: [Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN)].

<u>Name of Company</u>	<u>State of Domicile</u>	<u>NAIC Code</u>	<u>FEIN</u>
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8. List the name, address and social security number (SS#) of each officer and director of the Purchasing Group:
(Attach additional pages if necessary.)

<u>Name</u>	<u>Address</u>	<u>SS#</u>	<u>Position with Purchasing Group</u>

9. List the name, SS#, address and telephone number of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria and coverage:

<u>Name</u>	<u>SS#</u>	<u>Address</u>	<u>Telephone #</u>

10. List the name, FEIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, SS# and telephone number of the person responsible for the Group's insurance program: (If none, answer none.)

<u>Name</u>	<u>FEIN/SS#</u>	<u>Address</u>	<u>Telephone #</u>

11. List the name(s), SS#(s) and address(es) of the licensed insurance agent(s), broker(s) or excess (surplus) line broker(s) responsible for the purchase of liability insurance for the Purchasing Group and its members and the state(s) in which they are licensed: (Attach additional pages, if necessary. If none, answer none.)

<u>Name</u>	<u>SS#</u>	<u>Address</u>

12. Has any person transacting business on behalf of this Purchasing Group ever:

a) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person?

b) had denied any application for a professional, vocational or business license?

c) had suspended or revoked any such license?

d) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee?

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

13. The Purchasing Group is composed of members whose businesses or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar or common business, trade, product, services, premises or operations. Give a general description of business or activities engaged in by Purchasing Group members:

14. The Purchasing Group purchases the liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.
15. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.
16. The Purchasing Group has designated the Insurance Commissioner of the District of Columbia to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
17. The Purchasing Group has submitted a registration fee of \$250.00 if applicable, payable to DC Treasurer.
18. The Purchasing Group will not purchase any insurance policy in the District of Columbia which provides coverage prohibited generally by statute of the District of Columbia or declared unlawful by the highest court of the District of Columbia whose law applies to such policy.
19. The Purchasing Group will comply with all other applicable District of Columbia laws.
20. The Purchasing Group will notify the Insurance Commissioner of any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal,
the _____ are true and correct.
(Name of Purchasing Group)

President of the Purchasing Group

Secretary of the Purchasing Group

State of _____

}ss:

County of _____

Sworn before me this _____ day of _____, 20_____

_____, Notary Public.

My Commission Expires: _____

Part B

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ ("the Group"), a purchasing group organized under the laws of the State of _____, having notified the Insurance Commissioner of the District of Columbia of _____ of its intention to do business in the District of Columbia as a purchasing group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner of the District of Columbia _____ any successor in office, and any authorized deputy for its true and lawful attorney, in and for the State of _____, upon whom all legal documents or process in any proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group.

The Group designates:

Name: _____

Address: _____

City: _____

State: _____

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner of the State of _____ any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner.

This appointment and designation is made pursuant to a resolution by the Group's governing body authorizing it, and a certified copy of the resolution is attached hereto. This appointment shall be binding upon any person or corporation which as successor acquires the Group's assets or assumes its liabilities, by merger or consolidation or otherwise.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in the District of Columbia are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, the Group, in accordance with the resolution of its Board of Directors duly passed on_____, 20____, has affixed its corporate seal, and caused the same to be subscribed and attested in its name by this President and Secretary, at the City of _____in the State of _____on, 20 _____.

(Name of Purchasing Group)

By: _____ President

_____ Secretary

State of _____

}ss:

County of _____

Sworn before me this _____day of _____, 20_____.

_____ Notary Public.

My Commission Expires: _____